

Entered - 06/20/01 - sb
CL01L0388 - DIANNE C. MITCHELL

01-R -1104

CLAIM OF: MARTA
2424 Piedmont Road
Atlanta, Georgia 30324-3300

For damages alleged to have been sustained as a vehicular accident
on February 3, 2000 at 865 Bankhead Highway.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0388

Date: June 25, 2001

Claimant /Victim MARTA

BY: (Atty(Ins. Co.) _____

Address: 2424 Piedmont Road, Atlanta, Georgia 30324-3330

Subrogation: Claim for Property damage \$ 472.55 Bodily Injury \$ _____

Date of Notice: 06/12/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 02/03/00 Place: 865 Bankhead Highway

Department Public Works Division: Solid Waste Services

Employee involved Tracey Thornhill Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges its vehicle was damaged due to a vehicular accident with a City employee. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

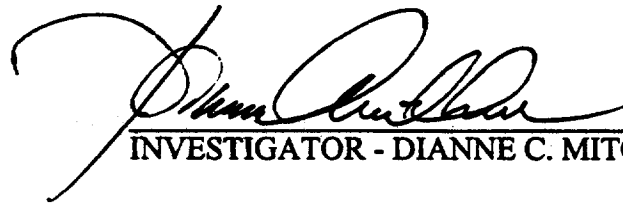
Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager: Dianne C. Mitchell Concur/date 06-26-01

Committee Action: _____ Council Action _____

Metropolitan Atlanta Rapid Trans. Authority

M. R. Hill
06/13/01
MARTA

February 20, 2001

ENTERED - 6-20-01 - SB
01L0388 - DIANNE MITCHELL

City of Atlanta
Risk Management-Risk Manager
68 Mitchell Street, S.W.
Atlanta, Georgia 30335

Our Claim #: 0-5874F01
Date of Accident: 02/03/00
Driver: Tracey Thornhill

Dear Sir/Madam:

Enclosed are the following documents which support MARTA's property damage claim as referenced above.

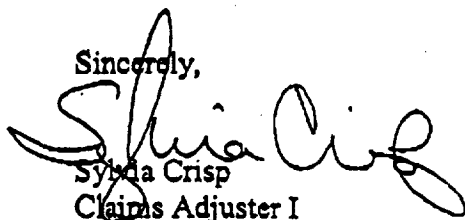
I Police Report: Enclosed ☒ Not Enclosed ☐
II Repair costs to bus: 3168.

Please forward your check in the amount of \$472.55 for payment of MARTA's property damage claim. Please do not place full release language on the check. MARTA will only accept property damage checks with property damage only release language. All other checks will be returned.

Please make the check payable to MARTA and mail to my attention at the following address:

MARTA
Office of Risk Management
Attn: Sylvia Crisp
2424 Piedmont Road, N.E.
Atlanta, Georgia 30324-3300

Sincerely,


Sylvia Crisp
Claims Adjuster I
(404) 848-4524

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